



# *The Repetition & Avoidance Quarterly*

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The Washington State Veterans PTSD Program

Spring, 2004

## *PTSD Program Celebrates 20th Anniversary!*

WDVA's PTSD Program celebrated its 20th Anniversary at its annual meeting at Campbells Resort, Lake Chelan. The meeting was highlighted by spirited presentations by visiting dignitaries and contractors. WDVA director John King spoke of the service the agency offers to the 672,000 veterans of military service residing in Washington, putting the state 13th in ranking for veteran population in the United States. He observed that the veterans homes located in Retsil, Orting, and Spokane have expanded by 30%. Mr. King was animated and emotional in his positive support for the PTSD Program.

### **Prazosin**

Murray Raskin, M.D., spoke to the assembled contractors and therapists on the subject to Prazosin. Dr. Raskin is chief of psychiatry for the Seattle Puget Sound Health Care System. He also directs the Alzheimer's research program, leads an all-Black veterans' psychotherapy group, and enthusiastically directs research for the nightmare-inhibiting medication prazosin. Dr. Raskin bemoaned the fact that prazosin is a cheap generic drug and therefore not supported in research by the drug companies. He therefore has taken it upon himself to promote the research into the medication's utility for nightmare relief. He showed a recently taped video segment on MSNBC program shown nationally in which he appeared with an Iraq War veteran who had been treated with prazosin.



PTSD Program's 20th Anniversary picture on the celebratory cake depicts the assembled contractors and therapists during a sunny break in the March cool air of Lake Chelan. This photo, along with the other celebrity photos shown in this edition of the *RAQ* are provided by ace photographer Brian Morgan of Omak (except as noted).

The PTSD Program was begun at the initiative of the Director of Veterans Affairs in 1984, Randy Fisher. The PTSD Program has gone through several agency directors, and has grown to its present day size through the hard work and dedicated services of contractors and therapists in Washington communities. The longevity of the PTSD Program is a testament to the on-going needs of war veterans and their families for counseling help.

Dr. Raskin expressed his opinion to the group that the much-touted HPA axis was less of an issue than adrenalin itself, and stressed the hypersensitive functioning of norepinepherin receptors in the central nervous system. Dr. Raskin added that the Seattle VA hospital is now operating a Gulf War Clinic, now called the Deployment Clinic, which will see any Iraq War veteran regarding needs for case management, benefits, and "anything the veteran asks for." He observed that the clinic avoids using the diagnosis of PTSD, because it has become a bad acronym in the military.

### **Klevens on Sleep**

Michelle Klevins, former therapist for the WDVA PTSD Program and now working on Dr. Raskin's prazosin research program, discussed sleep hygiene. She cautioned persons having difficulty sleeping to restrict their activity in bed to sleep and sex, though not necessarily in that order. She admonished her audience to not drink liquids before going to sleep and to get into a sleep preparation ritual about 30 minutes before going to bed. She advocated getting out of bed after about 30 minutes if unable sleep, and to stay up as long as it takes to become sleepy.

**(Continued on page 8. See Meeting.)**



### **The WDVA and King County PTSD Program Contractors**

Left to Right: Frank Kokorowski, Joan Fiset, Duane Dolliver, Dennis Jones, Jim Shoop, Brian Morgan (kneeling), Tim Hermesen, John Michaelson, Dan Comsia, Dorothy Hanson (kneeling), Tom Schumacher, Phyllis Rigg, Wayne Ball, Dwight Randolph, Charlie Walsh, Darleen Kildow, Paul Daley, Bruce Harmon, Bridget Cantrell, Dale Rue, Clark Ashworth, Steve Akers, Corky Sullivan, Laurie Akers, Tom Wear, Darleen Tewault, Mike Phillips (squatting), Steve Riggins, Ellen Schwannecke, Emmett Early. Picture taken at Lake Chelan, March 27, 2004,. Photo by Gregory Ashworth.



Above, Steve and Laurie Akers are nonplussed by the presentation of the “Shell Shock” Award, passed on to them by the award winner, Dorothy Hanson. Dorothy, after hearing their description of the Akers Counseling new offices in Everett, felt that they should hold the award for a year. Steve and Laurie promised to return like the Green Knight next year to pass on the symbol of counselor self care to the next deserving recipient.



Above, Steve Riggins tunes his tonsils as Bridget Cantrell plays melodiously on the piano and Wayne Ball taps his toe in time. Steve sang several popular songs for the assembled, responding to the urging of the contractors after he revealed in the Self Care Confessions segment of the WDVA Contractors Meeting that he sang in a choir. The audience greeted the minstrels with appreciative applause.





## March 26, 2004 — For A Twentieth Anniversary

By Joan Fiset

Early spring, and the waxing moon  
cannot focus — is  
in a shroud and undefined

not the gold crescent  
above the couple  
*Once upon a time*  
in the dance photograph  
snapped before the war

before the story  
turned down a road  
that just keeps on

1984 — the reason  
we are here began

twenty years

witness to the web of grief

the moon's a blur

staying with

Above is Steve Riggins, Seattle contractor/therapist for WDVA's PTSD Program. Steve, after revealing that he loves singing in his church choir was imposed upon by popular acclaim to sing several popular songs after the meeting.

Below is Tim Hermesen, TriCities contractor/therapist showing off his Frontier Award and treasured Certificate of Accomplishment. Editor's note: The humbled editor of the *RAQ* wishes to apologize to Mr. Hermesen for misspelling his name in the past.

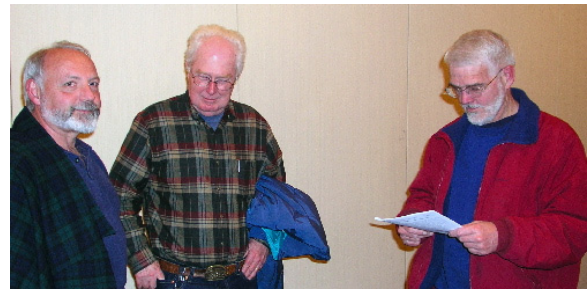


## Ace Photographer Brian Morgan Records 20th Annual Meeting of the PTSD Program



Program celebrities mingle in the crisp Chelan sunshine during a break from the exciting lectures and discussions of the 2004 PTSD Program Contractors Conference. They are, left to right, Dennis Jones, Laurie Akers, Duane Dolliver, Wayne Ball, Bruce Harmon with back to camera, Paul Daley, Dale Rue, Tom Wear, Tim Hermesen with his back to the camera, Bob Keller, and Dan Comsia scratching his chin.

Left, retiring Everett Psychiatrist Bill Bunselmeyer, avidly reads his retirement story in the latest issue of the *RAQ*, as the newsletter's Editor in Chief searches for his hotel key, and Bruce Harmon, turns to give the camera his good profile, during an intermission from the proceedings of the Program Conference.



Seattle/Tacoma Contractor, Dwight Randolph, seen on the left with his friend, Tacoma Dentist Gladys Semakla. Gladys accompanied Dwight for some of the PTSD Program meetings. Dwight announced that he has recently expanded his practice to spend more time providing services in Tacoma.





Assembled on the left are the staff of NorthEast Counseling Services, receiving the Best Site Visit award from Program Director. They are, from left to right, Phyllis Rigg, John Michaels, and Clark Ashworth. On the Program Director's right is a spent piece of ordinance whose purpose was later revealed to be the prized "Shell Shock Avoidance" Award. NorthEast provides mental health services to veterans and their families in Colville.

Pictured on the right, having a chat during the PTSD Program Conference are, left to right, Corky Sullivan of Port Orchard, Don Comsia and Dorothy Hanson, of the King County Veterans Program.

— (All photos in this edition, (with the exception of the group photo on page 2, were taken by Brian Morgan of Omak.)



Caught on film during a sun break from the PTSD Program Conference are Dennis Jones of Mount Vernon and Laurie Akers of Akers Counseling, the PTSD Program Contractor Everett.

## ***RAQ* Retort**

*The Journal of Traumatic Stress* doesn't invite comment, but we do. If you find that you have something to add to our articles, either as retort or elaboration, you are invited to communicate via letter or Email. And if you have a workshop or a book experience to tout, rave or warn us about, the *RAQ* may play a role. Your contributions will make a difference. Email or write to WDVA.

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Movie Reviews

# The War Veterans' Disillusionment

By EE

## *The Whistle Blower*

Michael Caine has a natural affinity for playing a representative of the British working class. In *The Whistle Blower*, he plays Frank Jones, a Korean War veteran who flew recip fighter planes against MIGs. He attends national memorial services and marches with other war veterans in suits and overcoats with medals arrayed. These ceremonies begin and end the 1986 movie, which is about as pertinent today as it can be. *The Whistle Blower* concerns Frank's son, Bob (played by Nigel Haver), a young man who works for a British intelligence-gathering organization, the GCHQ. Bob is a Russian language expert who expresses a love for the Russian culture that he feels is besmirched by the KGB. Bob becomes aware that the British intel has affiliated with the U.S. (American) intel to form a secret world, not unlike the KGB. "Their secret world has put out the light of the ordinary world," he says. Bob becomes disaffected after a colleague, Charles Dodgson (Bill Wallis), is arrested as a mole.

*The Whistle Blower* was directed by Simon Langton and adapted by Julian Bond from a novel by John Hale. It has an all-star British cast with a very complex plot that required two viewings to understand. It is about a war veteran's disillusionment when his son is murdered in a situation that appears accidental. Frank is perplexed by evidence that contradicts the official report that the death of his son was either accidental, due to his own clumsiness falling off a roof, or suicide. Michael Caine brilliantly portrays a father's grief and he is convincing in his transformation from traditionalist to rebel.

John Gielgud plays Sir Adrian, the epitome of the British upper class gentry, who betrays his country, but who must be protected from exposure. Frank is also betrayed by his war veteran buddy, Charlie (Barry Foster), who flew with him in Korea. Charlie became an intelligence operative and sets up Frank's son for murder.

The movie has a cold, flat ending. Violent action is minimized to a fault. Frank's pursuit of the truth behind his son's death leads him to knowledge that stifles him. He realizes that his nation's values have darkened, diminished by the influence of "the Americans" and his son is a victim of a Cold War paranoia, the early stages of which he participated as a combatant in Korea. We see Michael Caine transform from conventional to estranged after a left wing reporter (Kenneth Colley), whom his son had contacted just before his death, is killed in another contrived accident. The Americans, it appears, are the hit men, the unfeeling heavies who say little but wield a big stick.

At the end of the film we see Frank walking defeated past the war memorial inscribed to "The Glorious Dead," laden with writhes.

## *The Last Samurai*

Tom Cruise's Nathan is also disillusioned in *The Last Samurai*, but he is buoyed by a Hollywood ending that permits him to have victory in defeat and find harmony in tradition (albeit someone else's tradition).

Directed by Edward Zwick from a story by John Logan and Marsha Herskovitz, *The Last Samurai* was released late in 2003. Nathan is a Civil War veteran, who is down on his luck, drunkenly playing a roadshow circuit depicting Civil War battles and feats of marksmanship, is recruited and brought to Japan as a mercenary to teach modern combat techniques (howitzers and machine guns) to the government's new army. However, he is wounded and captured by Samurai warriors and we are swept away by romanticism as he masters the Zen of swordsmanship, is loved by a war widow (whose husband he killed), and admired by her son. Most importantly, he is won over to Japanese tradition. And when he rides into battle with the Samurai and is repeatedly shot, he musters the art of survival, staggers to the Emperor's palace and convinces the Emperor to see the error of his policy of embracing modern technology. He then limps back to his new home in a rural village in the verdant lap of Nature.

*The Last Samurai* is a beautifully photographed movie to watch with some interesting digital work depicting Japanese harbors at the end of the 19th Century. The film is a study of the transition between the era of sword and bow, the ornate costumes of the warrior society, and the modern precision uniformity and efficiency. The Samurai leader, Lord Katsumoto, played by Ken Watanabe, adds a powerful character portraying pride in tradition.

*The Whistle Blower* is especially poignant in describing the decline in British ethical standards in the interest of security, which seems to say that the British are weak and peripheral as a world power after the Suez crisis and led into moral decline by their more powerful ally. *The Last Samurai* similarly describes deadly U.S. technology being exported in an amoral extension of wartime profiteering. *The Whistle Blower* is more realistic because the war veteran is a single, relatively powerless individual who is shamed and numbed by his government's despicable behavior.

Disillusionment tends to come in combat and surrounding circumstances. Vietnam veterans derided the John Wayne illusion that depicted endurance, fair play, and stoic good humor. But many came out of the war still believing in the cause for which they fought and the rightness of the government's purpose. Only later, after the documentaries, particularly the recent Robert Macnamara documentary, *The Fog of War*, did it appear that the government leaders were fighting a war (far from harm's way themselves) they knew from the beginning they could not win. ##

## Life-Threatening Medical Disorders as Cause for PTSD

Researchers at the University of Pittsburgh, Elizabeth Mundy and Andrew Baum, examined the issue of whether relatively common, severe illnesses can be a cause for posttraumatic stress disorder. [*Curr Opin Psychiatry*, 2004, 17(2), 123-128, quotes from web page] They discussed the DSM definition of the disorder and reviewed literature that specifically looked at the presence of PTSD in people diagnosed with various illnesses, such as cancer, AIDS and myocardial infarct.

Drs. Mundy and Baum discuss the Criterion A problems connected with their task. "The defining characteristic of a traumatic stressor or of psychological trauma is the presence of an implicit or explicit life-threat and reactions that are extreme and generally negative. The development of PTSD may be only one of many related consequences of exposure to trauma. There are many other stressor effects that can be considered, most of which reflect the effects of life-threat on biological, emotional, or cognitive functioning. Traumatic stress may thus be associated with unusual or unique endocrine changes, immune system changes, upset and distress, cognitive distortions, and existential anxiety. These changes may occur as a function of direct threat, as when one is diagnosed and treated for serious illness, or more indirectly, as a function of witnessing or caregiving for people with serious illnesses. For the most part they occur because of the life-threat involved, and this threat or its direct implications form the nucleus of an emotional complex that appears to cause the reordering and motivation of one's worldview" (p. 2)

The authors suggest that many medical stressors have the characteristics of traumatic stressors and cited cardiovascular events, cancer, HIV and AIDS. They then examined the existing research and found that the likelihood of PTSD is generally lower among medical patients than victims of violence. They discuss their findings: "Perhaps the key difference between many medical stressors and more conventional traumatic stressors is the focus of threat in time." More conventional traumatic stressors are acute, creating adjustment difficulties amid ongoing sequelae. They noted that a medical "life-threat is not an acute stressor, and difficulty with accommodation to this persistent, ongoing threat may be a factor in the other differences between medical and non-medical stressors..." (p. 4).

### Comment

Mundy and Baum only briefly discussed other anxiety disorders in relation to medical conditions, but not the recently defined Anxiety disorder due to ....(293.89). They do mention the research finding that PTSD in a medically ill person is associated with poorer treatment compliance. One would also have liked a discussion of the increased vulnerability to PTSD symptom reoccurrence in someone who acquires a life-threatening illness. EE ##

### Next Issue

*The next issue of The Repetition & Avoidance Quarterly will feature a discussion of the joint efforts among the Washington National Guard and Reserve Units deployed to Iraq, WDVA, the PSHCS, and Madigan Army Hospital to prepare for the needs of returning Iraq War veterans.*

### Phone numbers for WDVA and King County Veterans counselors and contractors are listed in alphabetical order.

Steve Akers, MSW, Everett.....	425 388 0281
Clark Ashworth, Ph.D., Colville.....	509 684 3200
Wayne Ball, MSW, Chelan & Douglas.....	509 667 8828
Bridget Cantrell, Ph.D., Bellingham.....	360 714 1525
Dan Comsia, MA, King County.....	253 840 0116
Paul Daley, Ph.D., Port Angeles.....	360 452 4345
Duane Dolliver, MS, Yakima.....	509 966 7246
Jack Dutro, Ph.D., Aberdeen.....	360 537 9103
Emmett Early, Ph.D., Seattle.....	206 527 4684
Dorothy Hanson, MA., Federal Way .....	253 841 3297
Tim Hermson, MS, Kennewick.....	509 783 9168
Bruce Harmon, M.Ed., Renton.....	425 277 5616
Bill Johnson, MA, Mount Vernon.....	306 419 3600
Dennis Jones, MA, Mount Vernon.....	360 419 3600
Bob Keller, MA, Olympia.....	360 754 4601
Frank Kokorowski, MSW, King Co VP.....	206 296 7565
Ron Lowell, King County Group.....	425 268 0811
Bill Maier, MSW, Port Angeles, Sequim.....	360 457 0431
Brian Morgan, MS, Omak.....	509 826 0117
Mike Phillips, Psy.D., Issaquah.....	425 392 0271
Dwight Randolph, MA, Seattle.....	206 465 1051
Stephen Riggins, M.Ed., Seattle.....	206 898 1990
Ellen Schwannecke, M.Ed., Ellensburg.....	509 925 9861
James Shoop, MS, Mount Vernon.....	360 419 3600
James Sullivan, Ph.D., Port Orchard.....	360 876 2322
Darlene Tewault, MA., Centralia.....	360 330 2832
Tom Wear, Ph.D., Seattle.....	206 527 5382
Stephen Younker, Ed.D., Yakima.....	509 966 7246

### WDVA PTSD Program Director:

Tom Schumacher.....	360 586 1076
Pager.....	800 202 9854 or 360 456 9493
Fax.....	360 586 1077

To be considered for service by a WDVA or King County contractor, a veteran or veteran's family member must present a copy of the veteran's discharge form DD-214 that will be kept in the contractor's file as part of the case documentation. Occasionally, other documentation may be used prove the veteran's military service. You are encouraged to call Tom for additional information.

It is always preferred that the referring person telephone ahead to discuss the client's appropriateness and the availability of time on the counselor's calendar. Contractors are all on a strict and tight monthly budget, however, contractors in all areas of the state are willing to discuss treatment planning.

Some of the program contractors conduct both group and individual/family counseling. ##

(Meeting, continued from Page 1.)

### Testing Review

Scott Michael, Ph.D., represented the Seattle VA PTSD clinic and reviewed the various psychological testing measures used in the clinic. He reviewed the CAPS, the PTSD Symptom Scale and the PCL, along with the subscales for the MMPI-2.

### Mike Maxwell

Mike Maxwell, PTSD and MH Fee Services Coordinator, VA Portland office, provided a forum for discussing the issues that contractors have with doing business with the VA Fee Service system. He attempted to open a dialog on the issue of length of treatment, suggesting that client expectations should be clarified as far as the limits of psychotherapeutic engagement.

### Dave Peterson

Finishing the action-filled afternoon of presenters was Dave Peterson of the Seattle VA Regional Office. Dave was recently awarded Veteran of the Year for Washington State. He is a highly regarded disabilities adjudicator who is now working exclusively on POW benefits.

### Day II: The Awards & Accolades

Steve Gill, a graduate student in public administration, working on his MPA degree thesis, had the group fill out a questionnaire regarding our evaluation of the PTSD Program leadership. The results are included in this current RAQ on page 11.

The second day of our conference was most gratifying for all those who received awards from the bounteous hands of Tom Schumacher. Only Dan Comsia was left out of the awards ceremony. All the other contractors received awards for passing Tom's rigorous audit. Dan also passed the audit, but was inadvertently left out of the certification by Tom, who expressed appropriate penitent chagrin. Dan was gracious. In his capacity as the PTSD Program's chief motivator, Tom passed out awards for various accomplishments, including contractor with the most intakes, to Bridget Cantrell. Bruce Harmon received a much deserved Frustrated Researcher Award, which he earned by being an eager data provider.

An interesting innovation, beginning an annual tradition, the gathered contractors voted an award for the therapist who takes best care of body and mind. Dorothy Hanson won the award, an object of high caliber, by describing her exercise program, which includes running and kickboxing. She was seen running with her husband the very next morning along the lakefront. Modest as she is, Dorothy demurred and passed the prize on to Akers Counseling, where it will be on display for a year and hopefully polished. Other awards were given to Darleen Tewault for service to veterans "Beyond the Call of Duty," and the first annual "Frontier Award" to Tim Hermesen for "filling in for the VA in Southeast Washington." Ellen Schwannecke won the "Legendary Therapist Award" for "taking over the client

caseload from the last counselor and living to tell about it." NE Washington Family Counseling won an award for "Best Site Visit" apparently for being so well organized and making Tom's work a pleasure.

The evening dinner was concluded by a musical treat from Steve Riggins accompanied by Bridget Cantrell on piano, playing an unrehearsed medley of popular songs before a lingering gathering of toe-tapping contractors and guests.

### Day II: Speakers

Other speakers for the Saturday meeting following the Dorothy Hansen "Shell Shock" self care award were Clark Ashworth, speaking on HIPPA and the art of record keeping. Laurie Akers added HIPPA admonitions. Wayne Ball described a cautionary tale regarding the consequences of theft of one's records. Wayne and his family were victims of a burglary in which the thief walked off with his briefcase containing client records. Wayne had to go through the uncomfortable process of informing his clients of the breach in their confidentiality. Bridget Cantrell spoke to the gathered contractors about her pleasant time at the recent Oregon Women's Conference. Tom Schumacher presented another of his stimulating talks on billing procedures and research results and goals. *(I have learned to be resist commenting about their yarning during these "stimulating talks". ts.)*

As if that were not enough for one day, Dorothy Hansen, recovering from her "Shell Shock Avoidance Award", presented an enlightening review of her work with "Internal Family Systems." She outlined the terminology involved with the system and gave a rationale for its utility. The gathered contractors and therapists responded with interest.

### Sunday

Sunday's meeting agenda featured a lively, heated discussion on the process of evaluations conducted as part of the disability claim process. The point of contention seemed to revolve around the role of the therapist in advocating for the veteran, particularly when the official C&P evaluation appears to be biased. Some contractors contended that the evaluation process by a therapist is perforce biased, while the evaluation-only process *should* be objective. And finally the 20th anniversary WDVA PTSD Program meeting was capped by the only surviving attendee of the very *first* meeting, Emmett Early, who spoke appropriately on the topic of resilience vs. vulnerability to PTSD. The group responded with hunger (it was nearing lunch) for more open discussion of therapy techniques.

Talk on the floor as the conference was ending seemed to indicate that it was the best meeting yet in terms of overall value, boosting morale, and providing a forum for expression of common experience. Some contractors went away expressing the wish to have interim area meetings so that contractors and therapists could gather and discuss their clinical work.

EE ##



## *Risk Factors for Acquiring and Maintaining PTSD and the Loss Spiral*

Paula Schnurr and other New England researchers authored the lead article in the April issue of the *Journal of Traumatic Stress* [2004, 17(2), 85-95] on the topic of risk factors for the development versus maintenance of PTSD. The authors investigated the factors that lead one to develop PTSD and studied the difference between those who have PTSD and recover and those who do not recover and become chronic. To conduct their study, researchers Paula Schnurr of the White Center Vermont National Center for PTSD, Carole Lunney of Dartmouth Medical School, and Anjana Sengupta of the New Hampshire-Dartmouth Psychiatric Research Center, drew on two large samples of Veterans. One group of Vietnam Theater veterans was drawn from the National Vietnam Veterans Readjustment Study, the other group consisted of the Hawaiian Vietnam Veterans Project. Together the project sampled 482 subjects.

Of the 482 veterans in the sample, 23.9% had current PTSD, either partial or full, 25% had PTSD in the past only, and 50.6% never had partial or full PTSD. The authors elaborate:

***“All military variables were associated with higher risk of maintaining PTSD.”***

“Higher risk of developing PTSD was associated with ethnicity (Hispanic vs. White), family instability, severe punishment, childhood antisocial behavior, warzone exposure, peritraumatic dissociation, recent life events, post-Vietnam trauma, and depression either before, during, or after Vietnam. Lower risk of developing PTSD was associated with Japanese American ethnicity (vs. White), a high school degree or college education (vs. less education), (older) age at Vietnam entry, higher socioeconomic status, (a more positive) paternal relationship, (more) social support at homecoming, and (more) current social support” (p. 89).

Regarding the risk and protective factors associated with the maintenance of PTSD, premilitary variables involved “severe punishment” putting one at higher risk, college education (vs. no degree), put one at lower risk. “All military variables were associated with higher risk of maintaining PTSD. Of the postmilitary variables, number of recent life events was associated with higher risk. Current structural social support, homecoming emotional sustenance, and current emotional sustenance were protective. Contrary to expectation, depression relative to Vietnam entry was not a risk factor for maintaining PTSD, although onset during Vietnam was associated with marginally elevated risk” (pp. 89-90).

The authors noted that “Greater severity of warzone stressor exposure was strongly associated with both the development and maintenance of PTSD” (p. 93). “Atrocity exposure may be associated with chronicity through shame, which may result from witnessing or participating in atrocities” (p. 93).

Schnurr, et al., noted that “the maintenance of PTSD was primarily associated with variables relating to the current time frame: current emotional sustenance, current structural social support, and recent life events. Emotional sustenance at homecoming was associated with both outcomes, but in multivariate analysis, emotional sustenance at homecoming predicted the development of PTSD and current emotional sustenance predicted the maintenance of PTSD” (p. 93).

### **The Loss Spiral**

The authors highlighted the concept of “*loss spiral*,” in which lack of resources to offset losses initiated by a trauma leads to further loss. For example, insufficient social support might lead to the development of PTSD, and then numbing symptoms of PTSD might adversely affect social support and render an individual less able to deal with further stressors” (p. 93).

The authors summarized their results which “imply that the development of PTSD is related to factors that occur before, during, and after a traumatic event, and the

failure to recover from PTSD is related primarily to factors that occur during and after the event” (p. 93).

### **Commentary**

Schnurr, et al., reiterate an important phrase, “loss spiral,” in the treatment of war veterans entering their senior years. Veterans who have been leading active lives, (e.g., bar-fighting, hard-working, hard-riding, etc.,) have their own set of cumulative physical infirmities, sometimes coupled with no retirement planning, and a career wracked with angry job departures and firings. The loss spiral of chronic hyperarousal amounts sometimes to chronic gastric disorder and diabetes secondary to obesity and the spiraling effects of 30 years of poor sleep, irritability, and social alienation. Coping styles produce sometimes not very helpful habits that contribute to the loss spiral, ending in social isolation: refusing invitations to social events, not returning phone calls and never answering the phone, due to anxiety in crowds, fear of open spaces, discomfort with unpredictability.

The loss spiral describes a common story in therapy offices of wages remaining flat over 20 years because the veteran does not want the responsibility of a supervisor’s job, each year becoming relatively more impoverished as prices creep up and health care costs increase. The combat veteran’s acquired cynicism over 30 years can evoke a tale of missed opportunities, of roads not taken, avoidance of intimacy, rut-creating habits of avoiding new ideas, focusing on nostalgia for a time of suffering and basic values held as a nearly impossible high standard that no one now achieves.

EE ##

Movie Review:

# *The Spirit of the Beehive*

Reviewed by Emmett Early

*El Espiritu De La Colmena (The Spirit of the Beehive)* was released in 1973. Directed by Victor Erice, the story takes place in a small rural town “somewhere in Castille” in 1943. A truck rumbles into town bringing film canisters. The children crowd around as the truck is unloaded. “The movie is coming!” The driver announces that the movie is “Dr. Frankenstein.” The screen is set up in the town hall. The children sit in front, then the women, bringing their own chairs, then the men, mostly standing in back. The projectionist unscrews the light bulb and the film begins with the ominous warning to the audience from the screen.

Not everybody is at the movie. A man works a beehive and a woman in a stone house writes a letter to a soldier. We don’t know who he is: lover or relative. She mourns the war’s destruction. The beekeeper passes the town hall and sees the *Frankenstein* poster of James Whale’s 1931 classic. On the screen is the scene depicting the Creature’s encounter with Little Maria at the lake. Two girls, daughters of the beekeeper and the letter-writing woman, watch mesmerized in the audience. They are “Las Niñas:” Ana, played by Ana Torrent, and Isabel, played by Isabel Telleria. Ana, the younger, is captivated by the Creature and asks her sister why he killed Little Maria. Isabel puts her sister off, and later, in a tautly sustained scene of the girls whispering in their beds, she tells Ana that the creature is real. “I’ve seen him alive,” she says. “He’s a spirit.”

### **The Creature is Alive**

After school the next day, Isabel takes Ana to a deserted stone barn where she claims to have seen the Creature. Ana is in a spell, peering into a well, “it’s me, Ana,” and into the empty barn. She finds a large footprint in the dirt by the well and it seems to be proof to her that the Creature was there.

There is a bit of perversity in Isabel. She tricks Ana and charms her with lies. In one scene she feigns death, posing limply on the floor, to be discovered by Ana. In another she squeezes the cat about the neck until it protests.

Ana, enraptured by the story about the Creature, sneaks out of the house at night. We see a soldier jump from a train and injure his leg in the fall. He appears to be a deserter. Ana finds him hiding in the barn and ministers to his needs. She helps him tie his shoe. She brings him an apple and then her father’s coat—with his musical watch still in the pocket. Then, in the dark of the night, the deserter is killed in a gun battle. He is seen laid out on a table in the town hall, feet sticking out from the covering sheet, and we are reminded of Dr. Frankenstein’s Creature.

Ana’s father confronts his daughter. She runs away and hides in the dark beside a glittering body of water. In a hallucinatory vision, the Creature visits her, kneeling beside her as he did in the famous movie scene.

### **War Veteran as Creature**

The significance of *The Spirit of the Beehive* rests in the connection Ana makes between the war veteran deserter and Dr. Frankenstein’s Creature. Ana is caught in the spirit of the profound image so quickly tossed off in James Whale’s rendition of the deadly encounter between the malformed Creature, rejected by his creator, and the innocent girl. Ana approaches the deserter as if he *were* the Creature. He stands for the veteran who has lost his innocence in war. By befriending him, the girl, as symbol of innocence, places herself in danger—he brandishes a pistol the first time he sees her.

James Whale’s Creature, played by Boris Karloff, was made up to look like a sewn-together corpse, walking like a stunned survivor of the battlefield. Whale was a World War I combat veteran. He fought in the trenches, was captured on a raid he led and was held as a POW in Germany. It is in the prison camp that he learned stagecraft.

The girl, Little Maria (Marilyn Harris), has been “abandoned” by her father, who has gone off to market in spite of her protest. She is lonely and when the Creature happens upon her, she invites him to play a game, tossing daisies into the water to float. She accepts the corpse-like Creature without fear. She hands him flowers, he tosses them all in the water, and when he has no more, he tosses her in—although the tossing scene was cut from European distribution, the audience finds out she was killed when they see her father carrying her limp body through town.

### **Beauty and the Beast**

*The Spirit of the Beehive* picks up on an archetypal theme, a variation of which is in Whale’s brutal version of *Frankenstein*. The theme is from the enchanting fairytale, *Beauty and the Beast*, in which the youngest daughter of a destitute merchant offers herself to save her father. The best film version of this theme is represented by Jean Cocteau’s 1946 *La Belle et la Bête*. His opening quote lays out the principle clearly, “[Children] believe that the hands of a human beast will smoke when he slays a victim, and that this beast will be ashamed when confronted by a young girl.” *The Spirit of the Beehive* captures Ana’s innocent, perilous attempt to live in the archetype. ##

# *PTSD Program Management Survey Results*

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## **Background**

The WDVA PTSD program makes use of a statewide network of therapists (psychologists and licensed mental health counselors) who provide individual and group therapy. These therapists, or counselors, are independent contractors chosen for their expertise and experience in trauma related mental health counseling, especially as it relates to military veterans.

In early February, Tom Schumacher, the WDVA PTSD program director, asked me to assist him with a project aimed at understanding the relationship between WDVA and its PTSD Program contractors. This project involved administering a survey to these contractors during the program's annual conference on March 27<sup>th</sup> in Chelan, WA. The primary goal of this survey was to understand the opinions and perceptions of these contractors regarding their relationship with WDVA and the PTSD program director. This survey was also designed to create a better understanding of the needs and priorities of the counselors with the hope of learning what more might be accomplished to improve each counselor's ability to provide the best possible treatment services.

This project was undertaken as part of the capstone requirement for the Master of Public Administration degree at The Evergreen State College. Faculty review was provided by Cheryl Simrell King, Ph.D., faculty member, Master of Public Administration Program, Evergreen State College.

## **Methodology**

The survey used for this project was designed by this author and Tom Schumacher. I administered the survey while Tom Schumacher left the room. Each counselor was invited to participate in the survey, which was anonymous. It is also worth mentioning that the survey was administered prior to the contractor recognition dinner, which took place at the end of the day. This was to ensure that the good will and positive attitude associated with the recognition event did not affect the results of the survey. To ensure objectivity in this project, I had sole access to the survey results and I was solely responsible for analyzing the data they provided. I was also solely responsible for reporting the findings of the survey and preparing this report.

All 28 of the counselors who were at the conference on March 27<sup>th</sup> completed the survey. The completed surveys were randomly numbered and the responses were entered into Statistical Package for the Social Sciences (SPSS), a statistical analysis computer software program.

## **Findings: Multi-Question Variables**

The first step in analyzing the survey data was to build three multi-question variables based on the principle areas of the survey: the program director; the accounting and billing process, and products of the WDVA PTSD program. These three variables were analyzed to determine a mean score for

each area. This mean was based on a 1-4 scale because all of the questions included in each variable had four possible answers: (4) excellent; (3) good; (2) fair; (1) poor. The program director variable was created by combining the results of four questions relating to the program director. These questions involved the quality of the counselor's impression of the relationship with the program director, the responsiveness of the program director, their opinion of his perception of each counselor's services, and the usefulness of the contractor site visits. The accounting/billing variable was created by combining the results of four questions relating to the quality of the accounting and billing process. These questions concerned the relationship with the accounting staff, the timeliness of reimbursements, the WDVA billing process, and the availability of online forms. Finally, the program products variable was created by combining the results of three questions relating to the quality of particular products of the WDVA PTSD counseling program: *The Repetition & Avoidance Quarterly*, the annual contractors' meeting (conference), and the WDVA/VA Medical Center jointly sponsored regional PTSD conferences.

## **Program Director's Grade Point Average**

The last question of the survey asked the counselors to assign a letter grade (A, B, C, D, or F) to the program director's performance in the following areas: leadership; vision; clinical consultation; management & facilitation. Any grade could be assigned to any area. A GPA was determined for each area, and then a cumulative GPA of 3.80 was determined.

## **Program Director's Priorities / Performance**

Survey questions asked the counselors to rate the program director's priorities and performance in the same areas as listed above: leadership; vision; clinical consultation; and management & facilitation. The analysis indicates that the counselors, as a whole, feel that the program director's highest priority areas are also the areas in which he performs best.

## **Quality of Relationships**

Three questions from the survey dealt with relationship: asking each counselor to rate the quality of his or her relationship with WDVA as an agency; the quality of his or her relationship with the program director; and, the quality of his or her relationship with the WDVA accounting staff. Results indicated the Counselors relationship with WDVA was rated 3.74. The counselors' relationship with the program director was 3.88, and the relationship with the accounting department was rated 3.12.

**(Continued on page 12, see Survey)**



(Survey, Continued from page 10.)**Conferences**

Contractors were asked to rate the quality of the annual contractor's meeting (conference), and the WDVA/VA Medical Center jointly sponsored regional PTSD conferences. The goal of this analysis was to understand the counselors' opinion of each conference. Since the majority of the counselors attend both conferences it was also possible to compare the conferences to each other. Results: WDVA annual conference: 69% excellent, 31% good; joint VA/WDVA meetings: 31% excellent, 46% good, 11% fair.

***The Repetition & Avoidance Quarterly***

Contractors were asked to rate the quality of *The Repetition & Avoidance Quarterly*, the newsletter of the WDVA PTSD program. Results indicated that 67% of the contractors thought the RAQ quality was excellent, 29% thought it was good, and 4% thought it was fair.

**Conclusion**

The results of this survey suggest that the WDVA PTSD program counselors have an excellent opinion of the program and the program director, and that the counselors feel that the program director performs well in priority areas; such as leadership, management, and facilitation. The results of this survey also suggest that the WDVA/VA Medical Center jointly sponsored regional conferences could be improved and that the counselors feel that the reimbursement process (accounting/billing) could use improvement, although a majority of counselors still rated these areas as "good" or "excellent."

More qualitative research, such as focus groups or individual interviews, could be done with the counselors to address the possibility of specific concerns that did not come out in the survey, and a regular survey at the annual conference could provide ongoing feedback from the contractors to ensure that potential problems are addressed. ##

(Note: We congratulate Steve Gill on receiving his MPA degree, June 2004, The Evergreen State College. He may be reached for comment at [StevenG@dva.wa.gov](mailto:StevenG@dva.wa.gov)) ts

## *PET Scans Reveal Differing Sites of Therapy Impact*

Using positron emission tomography (PET) researchers at the Rotman Research Institute in Toronto found differing foci of brain activity for Paxil vs. cognitive behavioral therapy. Researchers compared two groups of clinically depressed subjects. One group (n=17) participated in 15-20 sessions of psychotherapy, the other similar group was administered Paxil. Reporting in the *Archives of General Psychiatry* (2004, 61, 1) and summarized in the April 2004 issue of *Monitor on Psychology*, researchers found that the psychotherapy group showed "decreased over-activity in the medial frontal cortex, an area of the brain implicated in self-monitoring and self assessment. By comparison, the people who took paroxetine (Paxil) showed no change in this area, but they did experience decreased activity in the subgenual cingulate area, a limbic system region associated with mood regulation..." (p. 11). Both groups showed a decrease in symptoms of depression. One of the studies' authors, Helen Mayberg, M.D., observed that subjects who do not benefit from one therapy, often may benefit from the other.

**Comment**

That the different therapies affect different regions of the brain seems to suggest that while medication such as Paxil does directly affect mood, psychotherapy affects a brain area that involves self-correction and the application of conscious choice. It is easy to see why best outcome for the treatment of depression and PTSD is from some combination of the two treatment modalities.

One could argue, of course, that changing mood chemically relieves the stress of dysphoria and rumination, which is conducive to better thinking and opening one to the influence of psychotherapy, and perhaps just as often psychotherapy opens one to the sense of anti-depressant medication. Evidence is mounting that combining the two therapies gets the best results. EE ##

*The Repetition & Avoidance Quarterly* is published each season of the year by The Washington Veterans PTSD Program, of the Washington Department of Veterans Affairs. The PTSD program's director is Tom Schumacher. The editor of the RAQ is Emmett Early. It is intended as a contractors' newsletter for the communication of information relevant to the treatment of PTSD in war veterans and their families. Your written or graphic contribution to the PTSD Program newsletter is welcomed if it is signed, civilized, and related to our favorite topics of PTSD and war veterans. Contributions may be sent by mail to the Washington Department of Veterans Affairs (Attn: Tom Schumacher), PO Box 41150, Olympia, WA 98504, or by Email directly to [emmett@dva.wa.gov](mailto:emmett@dva.wa.gov). Readers are also invited to send in topical research or theoretical articles for the editorial staff to review. Comments on items reported in the RAQ are also encouraged and will likely be published if they are signed. To be included in our mailing list, contact WDVA, Tom Schumacher, or Emmett Early. The RAQ can also be read online by going to [www.dva.wa.gov](http://www.dva.wa.gov). Once in the WDVA Website, click on PTSD, and once on the PTSD page, scroll to where you find access to the RAQ. The newsletter logo is a computerized drawing of a photograph of a discarded sign, circa 1980, found in a dump outside the La Push Ocean Park Resort. ##